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CHANGE OF CORRESPONDENCE ADDRESS Application	
Commissioner of Patents PO Box 1450 Alexandria, VA 22314-1450 Fax (703)872-9306	Serial No:
	Filing Date:
	First Named Inventor:
	Group Art Unit:
	Examiner:
	Attorney Docket No:

10/088,528
4/1/02
LONGOBARDI
3761
none assigned
02056

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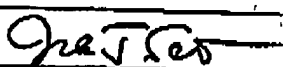
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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 28866.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name **Ira J. Schultz**Signature 

Date

7/21/04

Telephone (703)837-9600, ext. 23

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

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